



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/29/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982797045

FACILITY NAME -> ESSEX COUNTY HOSPITAL CTR - HILL TOP

MAILING ADDRESS -> 900 BLOOMFIELD AVE  
VERONA, NJ 07044

INSTALLATION ADDRESS -> 125 FAIRVIEW AVE  
CEDAR GROVE, NJ 07009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: RAVILLA, RAJASHEKAR  
ENGR  
ESSEX COUNTY HOSPITAL CTR - HILL TOP  
900 BLOOMFIELD AVE  
VERONA, NJ 07044



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <p style="margin: 0;">United States Environmental Protection Agency</p>			Date Received (For Official Use Only)  U.S. EPA RCRA RO II	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)						
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number <span style="font-size: 1.2em; font-family: monospace;">N J D 9 8 2 7 9 7 0 4 5</span>		
II. Name of Installation (Include company and specific site name)						
E S S E X    C O U N T Y    H O S P I T A L - H I L L    T O P						
III. Location of Installation (Physical address not P.O. Box or Route Number)						
Street						
1 2 5    F A I R V I E W    A V E N U E						
Street (Continued)						
City or Town					State	Zip Code
C E D A R    G R O V E					N J	0 7 0 0 9 -
County Code		County Name				
E S S E X						
IV. Installation Mailing Address (See Instructions)						
Street or P.O. Box						
9 0 0    B L O O M F I E L D    A V E N U E						
City or Town					State	Zip Code
V E R O N A					N J	0 7 0 4 4 - 1 3 9 3
V. Installation Contact (Person to be contacted regarding waste activities at site)						
Name (Last)				Name (First)		
R A V I L L A				R A J A S H E K A R		
Job Title				Phone Number (Area Code and Number)		
E N G I N E E R				2 0 1 - 2 2 6 - 8 5 0 6		
VI. Installation Contact Address (See Instructions)						
A. Contact Address Location: Mailing Other		B. Street or P.O. Box				
<input checked="" type="checkbox"/>		9 0 0    B L O O M F I E L D    A V E N U E				
City or Town					State	Zip Code
V E R O N A					N J	0 7 0 4 4 - 1 3 9 3
VII. Ownership (See Instructions)						
A. Name of Installation's Legal Owner						
C O U N T Y    O F    E S S E X						
Street, P.O. Box, or Route Number						
9 0 0    B L O O M F I E L D    A V E N U E						
City or Town					State	Zip Code
V E R O N A					N J	0 7 0 4 4 - 1 3 9 3
Phone Number (Area Code and Number)				B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed) Month Day Year
2 0 1 - 2 2 6 - 8 5 0 6				C	C	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



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OF HAZARDOUS WASTE ACTIVITY

01/29/90

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EPA I.D. NUMBER ->	NJD982797045
FACILITY NAME ->	ESSEX COUNTY HOSPITAL CTR
MAILING ADDRESS ->	125 FAIRVIEW AVE CEDAR GROVE, NJ 07009
INSTALLATION ADDRESS ->	125 FAIRVIEW AVE CEDAR GROVE, NJ 07009

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: COPPOLA, MARJORIE - ASST ADMIN  
ESSEX COUNTY HOSPITAL CTR  
125 FAIRVIEW AVE  
CEDAR GROVE, NJ 07009



## Notification of Hazardous Waste Activity

**For Official Use Only**

[illegible][illegible]

ESSEX COUNTY HOSPITAL CENTER

[illegible][illegible][illegible][illegible]

6	M	A	R	J	O	R	I	E	C	O	P	P	O	L	A	ASST. Admin.	2	0	1	2	2	8	8	2	4	0
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[illegible]

☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

☐ C. Industrial Furnace☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

## C. Installation's EPA ID Number



045

ID — For Official Use Only																
C															T/A	C
W																1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Marjorie Coppola</i>	Name and Official Title (type or print) <i>Marjorie Coppola, Asst Admin</i>	Date Signed <i>10/26/89</i>
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BRANCH  
89 OCT 30 PM 1:21  
NEW YORK, NY  
AGENCY, REGION 11  
FEDERAL BUREAU OF INVESTIGATION